

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155219		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 05/22/2012	
NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-SOUTH BEND				STREET ADDRESS, CITY, STATE, ZIP CODE 52654 N IRONWOOD RD SOUTH BEND, IN 46635			
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 05/22/12</p> <p>Facility Number: 000124 Provider Number: 155219 AIM Number: 100266730</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Kindred Transitional Care and Rehab-South Bend was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered except for five outside canopies. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and</p>		K0000	<p>K 000The facility requests that this plan of correction be considered its credible allegation of compliance.Submission of this response and Plan of Correction is not aa legal admission that adeficiency exists or that this sttement of deficiency was correctly cited and is also not to be construed as an admission of interest against the facility, the administrator, or any employee, agents or others who draft or may be discussed in response and Plan of Correction. In addition, preperation and submission of the POC does notconstitute an admission or agreement of any kind by the facility of truth of any facts alleged or the correction of conclusions set forth in this allegation by the survey agency.Accordingly, the facility has prepared and submitted this Plan of Correction prior to the resolution of appeal of this matter solely because of the requirements under State and Federal law mandates submission of the Plan of Correctiona condition to participate in Title 18 and 19 programs. The submission of the POC within this timeframe should in no way be of non- compliance or admission by the facility.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>all resident rooms. The facility has a capacity of 157 and had a census of 118 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/24/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0017 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 open use areas was separated from the corridor, or met an Exception. LSC 19.3.6.1, Exception # 1 Spaces shall be permitted to be unlimited in area and open to the corridor, provided that the following criteria are met: (a) The spaces are not used for patient sleeping rooms, treatment rooms, or hazardous areas. (b) The corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 18.3.4, or the smoke compartment in which the space is located is protected throughout by quick-response sprinklers. (c) The open space is protected by an electrically</p>		K0017	<p>K 017 1. An automatic smoke detector will be installed in the area by the vending machine. 2. All residents have the potential be affected buy this deficient practice. 3. The maintenance director, or his designee, will add this area to the monthly Preventative Maintenance Program. Smoke detectors in this area will be reveiwed and checked monthly. 4. If this area is found to be non fuctioning the maintenace supervisor will immediately correct the issue and will notify the Executive Director. Any areas of non complinace will be presented to the Performance Improvement Committee monthly for further education / monitoring.</p>		06/21/2012	

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	<p>supervised automatic smoke detection system in accordance with 18.3.4, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space. (d) The space does not obstruct access to required exits. This deficient practice could affect 5 residents in the Main Dining room adjacent to the Vending Machine room as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 05/22/12 at 12:04 p.m. with the Maintenance Supervisor, the Vending Machine room was open to the Main Dining room which was open to the corridor. Exception # 1, requirement (c) of the Life Safety Code, Chapter 19.3.6.1 was not met as follows: the open area was not protected by an automatic smoke detection system or arranged to allow direct supervision by facility staff from a continuously staffed area such as a nurses' station. Based on interview on 05/22/12 at 12:06 p.m. with the Maintenance Supervisor, it was acknowledged the Vending Machine room was open to the corridor without supervision from the nurse's station and was not protected by automatic smoke detection.</p>						

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	3.1-19(b)						

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K0051 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 fire alarm control panels located in an area not continuously occupied was provided with automatic smoke detection to ensure notification of a fire at that location before it is incapacitated by fire. NFPA 72, the National Fire Alarm Code, at 1-5.6 requires an automatic smoke detector be provided at the location of each fire alarm control unit which is not located in an area continuously occupied to provide notification of a fire in that location. This deficient practice could affect 18 residents on C wing as well as staff, and visitors.</p>		K0051	<p>K 051 1. An automatic smoke detector will be installed in the Quite room located on C wing. 2. All residents have the potetial to be affected by this deficient practice. 3. The miantenance supervisor, or his designee will add this area to the monthly Preventative Maintenance Program. The maintenance supervisor, or his designee will be responsible to check this area monthly. 4. Any areas found to be non funtional will be corrected immediately by the maintennace supervisor and the Executive Director will be notified. Any areasa of non complinace will be presnted to the Performance Improvement</p>		06/21/2012	

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	<p>Findings include:</p> <p>Based on observation on 05/22/12 at 1:45 p.m. with the Maintenance Supervisor, the auxiliary fire alarm control panel was located in the Quiet lounge room on C wing south and it was not electrically supervised by a smoke detector. Based on interview on 05/22/12 at 1:47 p.m. with the Maintenance Supervisor, it was acknowledged the auxiliary fire alarm panel located in the Quiet lounge was not provided with smoke detector protection.</p> <p>3-1.19(b)</p>			Committee monthly for further education / monitoring and or recommendations.			

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K0056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was provided for 5 of 6 exits with outside canopies in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13, 1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under exterior combustible roofs or canopies exceeding four feet in width. This deficient practice could affect 81 residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 05/22/12 during the tour between 12:23 p.m. to 2:22 p.m. with the Maintenance Supervisor, the following canopies which measured</p>		K0056	<p>K 56 1. Sprinklers for the 5 exit canopies will be installed. Bids have been received and approved. Work will be completed upon the arrival of the equipment. 2. All residents have the potential to be affected by this deficient practice. 3. The areas cited will be added to the Preventaive Maintenance Program. The maintenance director shall be responsible for assuring the areas are being inspected on a monthly basis . The contract Company shall be contacted and theses areas will be included in their annual inspections. 4. Any discrepancies with respect to the annual inspections / maintenance will be presented to the Executive Director for review, and will then be forwarded to the Performance Improvement Committee to determine if further monitoring is needed or required.</p>		06/21/2012	

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	<p>greater than four feet wide were not sprinklered.</p> <p>a. The 200 east exit on north wing was seven feet wide and was constructed of wood rafters and joists with a plywood ceiling</p> <p>b. The 200 west exit on north wing was seven feet wide and was constructed of wood rafters and joists with a plywood ceiling</p> <p>c. The 200 north exit on north wing was seven feet wide with an additional attached vinyl canopy. The seven foot canopy was constructed of wood rafters and joists with a plywood ceiling and the vinyl roof extension was constructed with aluminum supports.</p> <p>d. The 200 west exit on south wing was seven feet wide and was constructed of wood rafters and joists with a plywood ceiling.</p> <p>e. The 200 south exit on south wing was seven feet wide with an additional attached vinyl canopy. The seven foot canopy was constructed of wood rafters and joists with a plywood ceiling and the vinyl roof extension was constructed with aluminum supports.</p> <p>Based on interview on 05/22/12 concurrent with the observations with the Maintenance Supervisor, it was acknowledged the aforementioned exit canopies were not sprinklered and exceeded four feet in width and further</p>			Discrepancies will be corrected immediately.			

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	<p>acknowledgement by the Maintenance Supervisor indicated the canopies were constructed of either all wood construction or aluminum supports and vinyl.</p> <p>3.1-19(b)</p>						

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K0062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 dry automatic sprinkler piping systems was inspected every five years as required by NFPA 25, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems 10-2.1. This deficient practice affects all occupants as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on review of Sprinkler system test reports on 05/22/12 at 4:32 p.m. with the Maintenance Supervisor, an internal inspection of the sprinkler system pipes had not been done. Based on interview on 05/22/12 at 4:34 p.m. with the Maintenance Supervisor, documentation could not be obtained to verify an internal sprinkler pipe inspection had been done in the last five years, and no inspection has been scheduled.</p> <p>3.1-19(b)</p>		K0062	<p>K 0621. The contract company for the sprinkler system has been contacted. Bids have been received and approved to have the sprinklers inspected.2. All residents have the potential to be affected by this deficient practicee.3. The required inspections will be scheduled with the Contract company to assure these inspections are completed as per the five year requirement. The maintenance director or designee shall have the initial responsibility to assure the inspection are scheduled and completed. 4. Any discrepancy will be presented to the Executive Director and then forwarded to the Performance Improvement Committee for review and or recommendations.</p>		06/21/2012	